

Gila County Health & Emergency Management



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Commissary Agreement

Part A – To be completed by mobile food business owner

Business Name: _____
Owner's Name: _____
Owner's Address: _____

I agree to use the business listed below for all commissary services. I also understand that no food may be stored or prepared in a private home.

Owner's Signature

Date

Part B – To be completed by commissary owner

Commissary Business Name: _____
Commissary Owner's Name: _____
Gila County Permit Number: _____

(Check all that apply)

(Attach copy of permit if commissary is located outside of Gila County)

- ☐ I agree to allow the business named above to use my establishment to store and/or prepare food for use in their mobile food unit.
- ☐ I agree to allow the business named above to use the ware washing facilities in my establishment to clean and sanitize equipment used in their mobile food unit.
- ☐ I agree to allow the business named above to use my waste water dump station to dispose of waste water from their mobile food unit.
- ☐ The above named mobile food business has contracted my services as a permitted waste water pumper to pump waste water from their mobile food unit.

Owner's Signature

Date

